

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000117373

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** ACCURATE BILLING SYSTEMS, INC.

## Current Principal Place of Business:

21140 NE 23 AVE  
N MIAMI BEACH, FL 33180

## New Principal Place of Business:

21140 NE 23 AVE  
N MIAMI BEACH, FL 33180 US

## Current Mailing Address:

21140 NE 23 AVE  
N MIAMI BEACH, FL 33180

## New Mailing Address:

21140 NE 23 AVE  
N MIAMI BEACH, FL 33180 US

**FEI Number:** 45-0465109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

GARCIA, DONNA S OWNER  
21140 NE 23 AVENUE  
NORTH MIAMI BEACH, FL 33180

## Name and Address of New Registered Agent:

GARCIA, DONNA S OWNER  
21140 NE 23 AVENUE  
NORTH MIAMI BEACH, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/29/2003

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GARCIA, DONNA  
Address: 21140 NE 23 AVE  
City-St-Zip: N MIAMI BEACH, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA GARCIA

PRES

04/29/2003

Electronic Signature of Signing Officer or Director

Date